

Fever Committee. In some states the Medical Societies have developed their own programs for rheumatic fever. In three states diagnostic clinics have been set up, and even service clinics for various areas of the state's population.

In talking about the challenge of rheumatic fever I ought to do several things. One is to define the problem in the light of its magnitude. This is not easy because actual data are not known. Rheumatic fever and rheumatic heart disease are intimately connected and inter-related. Heart disease is a part of the rheumatic fever process. It is estimated that there are approximately 800,000 to a million rheumatics in the United States, with a half million new patients annually. The incidence varies greatly in various parts of the country. Wherever a survey has been done, it has shown greater numbers of individuals with this disease than had been suspected.

The disease apparently is more common in mountainous areas than in coastal areas, although industrial New England and northern and northeastern industrial cities have a great deal of it at times. The Rocky Mountain area of the United States has the highest incidence and greatest mortality. It is fortunate that this is one of the least populated areas of the country because, when in World War II large numbers of young men were carried to these Rocky Mountain areas for training, the camps became subject to harassing epidemics of streptococcal infections with tremendous volumes of rheumatic fever following in the wake. A health problem of terrific proportions resulted. They even had to close some of those installations during the war.

It is safe to say that in no part of the United States is rheumatic fever and rheumatic heart disease absent. Its clinical picture changes as one goes southward, and it is harder to diagnose in the South than it is in the North. Even in the plains of Texas, Arizona and New Mexico it is found. The highest actual reported incidence is among the Indian school children of Montana and Wyoming, where four and five-tenths per cent of all of the seventh grade school children were found to have rheumatic heart disease.

The death rate from rheumatic fever and heart disease has been declining since the turn of the century. This is true irrespective of the new antibiotics and new preventive measures which I will mention. Actually, streptococcal infections had been changing slowly even before the sulfa drugs of the thirties. Scarlet fever had become, by 1935, a much milder disease than it had been in the first quarter of this century. We do not have the remotest idea as to the factors